

[illegible]

Audi5	
File Company Employee	
Current Company: APOGEE INC.	Employee:
HINT: Select a Company or add a new one, Then Press the NEXT Button.	
Company	Employees History Test Results Reports
Select a Company: Apogee, Inc.	
Company APOGEE INC.	
Address 1 313 NARROWS TRACE	
Address 2 SUITE #100	
City BEAVERCREEK State OH Zip 45385 Additional Information	
Do NOT Use Age Correction Factors <input checked="" type="checkbox"/>	
Contacts	
Name Primary	Name Emergency
First Dimitri	First Steve
Last Preonas	Last Stephenson
Phone 937-320-1530	Phone 937-320-1535
Add A New Company	NEXT

FIG. 3

Audi5 [Icons]

File Company Employee

Current Company: APOGEE INC. **Employee:** STEPHENSON, STEPHEN

HINT: Select an Employee or add a new one, Then Press the NEXT Button.

Company	Employees	History	Test	Results	Reports
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Select an Employee:

SMITH, MARGIE
 SMITH, VICTORIA
 SNEEDEN, DOUGLAS
 SPANORIGAS, NICHOLAS
 SPEARS, RICHARD
 STEFANOPOULOS, TASIA
 Stephenson, Carlie
STEPHENSON, STEPHEN L.
 STEWART, CHARLENE
 STOOKEY, ALLEN
 STORMER, DAVID
 STOVER, ALICE
 STOVER, ALICE
 STROLE, SANDRA
 TACKETT, GLOTTA
 TAULBEE, ELIZABETH
 THIRKIELD, DAVID
 THOMAS, LINDA
 THOMPSON, BRANDI

View All
View Test History

Employee Information:

Last Name: STEPHENSON
 First Name: STEPHEN L.
 Sex: ☒ Male ☐ Female
 SSN: 123-45-6789
 DOB: 1/1/46
 DOE: 12/24/76
 Last Hearing Test: 7/12/00
 TWA: 85
 Shift: 1
 Department: ADMIN.
 Building: 1
 Plant: 1
 Clock Number: 123456789

Add New

Edit Current

NEXT

FIG. 4a

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File Company Employee

Current Company: APOGEE INC.
 Employee: STEPHENSON, STEPHEN

HINT: Fill in/change the answers/check boxes and press the NEXT button.

Company	Employees	History	Test	Results	Reports																																																								
History as of : 9/21/00 Old History:			<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Dizziness</td> <td><input type="radio"/></td> <td><input checked="" type="radio"/></td> </tr> <tr> <td>Head Injuries</td> <td><input checked="" type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Family Hearing Loss</td> <td><input type="radio"/></td> <td><input checked="" type="radio"/></td> </tr> <tr> <td>Allergies/Hayfever</td> <td><input checked="" type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Rx/OTC Meds</td> <td><input checked="" type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Quiet Rule</td> <td><input checked="" type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Upper Respiratory Inf/Sinus</td> <td><input type="radio"/></td> <td><input checked="" type="radio"/></td> </tr> <tr> <td>Training</td> <td><input checked="" type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Trouble Hearing</td> <td><input type="radio"/></td> <td><input checked="" type="radio"/></td> </tr> <tr> <td>Military Service</td> <td><input checked="" type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Exposed to gunfire or loud noises while in the service?</td> <td><input checked="" type="radio"/></td> <td><input type="radio"/></td> </tr> </table>				Yes	No	Dizziness	<input type="radio"/>	<input checked="" type="radio"/>	Head Injuries	<input checked="" type="radio"/>	<input type="radio"/>	Family Hearing Loss	<input type="radio"/>	<input checked="" type="radio"/>	Allergies/Hayfever	<input checked="" type="radio"/>	<input type="radio"/>	Rx/OTC Meds	<input checked="" type="radio"/>	<input type="radio"/>	Quiet Rule	<input checked="" type="radio"/>	<input type="radio"/>	Upper Respiratory Inf/Sinus	<input type="radio"/>	<input checked="" type="radio"/>	Training	<input checked="" type="radio"/>	<input type="radio"/>	Trouble Hearing	<input type="radio"/>	<input checked="" type="radio"/>	Military Service	<input checked="" type="radio"/>	<input type="radio"/>	Exposed to gunfire or loud noises while in the service?	<input checked="" type="radio"/>	<input type="radio"/>																				
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<table border="0"> <tr> <td></td> <td>R</td> <td>L</td> <td>No</td> </tr> <tr> <td>Ringing in your ears</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Ear Operation</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Punctured Ear Drum</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Draining from your ears</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Earaches</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Exposed to noises such as...</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Snowmobiles</td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Gunfire</td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Motorcycles</td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Rock Music</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Farm Equipment</td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Other</td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Explain. . .</td> <td colspan="3"> POWER TOOLS </td> </tr> </table>				R	L	No	Ringing in your ears	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ear Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Punctured Ear Drum	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Draining from your ears	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Earaches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exposed to noises such as...				Snowmobiles	<input checked="" type="checkbox"/>			Gunfire	<input checked="" type="checkbox"/>			Motorcycles	<input checked="" type="checkbox"/>			Rock Music	<input type="checkbox"/>			Farm Equipment	<input checked="" type="checkbox"/>			Other	<input checked="" type="checkbox"/>			Explain. . .	POWER TOOLS			<div> Air Force </div> <div> </div>		
	R	L	No																																																										
Ringing in your ears	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																										
Ear Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																																										
Punctured Ear Drum	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																																										
Draining from your ears	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																																										
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Farm Equipment	<input checked="" type="checkbox"/>																																																												
Other	<input checked="" type="checkbox"/>																																																												
Explain. . .	POWER TOOLS																																																												

FIG. 4b

Test History

Current Company: APOGEE INC.
 Employee: STEPHENSON, STEPHEN

Right Ear

500	1K	2K	3K	4K	6K	8K
15	10	10	15	25	15	15

Left Ear

500	1K	2K	3K	4K	6K	8K
15	10	10	25	45	20	15

Technician Chris Pavlakos
 Certification No. 514
 Audiometer S/N 6226

Audiological Comments:

Hearing Protection Device

Code	Name	Type
00	NO PROTECTION WOR	5

Test Results:

Rating	2 - Slight	Hearing Protection Needed	No - Current is adequate
STS		Medical Referral	No
Hearing Loss	No Significant Change		

Test 4 of 9 on file.
 Test Date/Time: 2/14/95 5:00:00 PM
 Edit
Close

0044221-CH24E450

FIG. 5a

Audi5 File Company Employee

Current Company: **Employee:**

HINT:

Company	Employees	History	Test	Results	Reports
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Testing Date: Time:

FIG. 5b

Audi5 File Company Employee

Current Company: APOGEE INC. **Employee:** STEPHENSON, STEPHEN

HINT: Press Start Test, then Fill in all Fields and press Next Calculate Results.

Company	Employees	History	Test	Results	Reports
---------	-----------	---------	-------------	---------	---------

Testing Clear Test Date: 9/21/00 Time: 4:30:17 PM

Right Ear							Left Ear						
500	1K	2K	3K	4K	6K	8K	500	1K	2K	3K	4K	6K	8K
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Technician:

Certification No.:


Audiometer S/N:

Audiological Comments:

☐ Hearing Protection Device

Enter device data....

Code	Name	Type
<input type="text"/>	<input type="text"/>	<input type="text"/>

 Save / NEXT

0047221-0704060

FIG. 5c

Audi5

File Company Employee

Current Company: APOGEE INC. Employee: STEPHENSON, STEPHEN

HINT: Press Start Test, then Fill in all Fields and press Next Calculate Results.

Company

Employees

History

Test

Results

Reports

Testing

Clear Test

Date: 9/21/00 Time: 4:30:17 PM

Right Ear

500	1K	2K	3K	4K	6K	8K
10	10	10	10	15	10	15

Left Ear

500	1K	2K	3K	4K	6K	8K
10	10	10	10	15	10	15

Audiological Comments:

Technician: Chris Pavlakos

Certification No.: 514

Audiometer S/N: 6226

Hearing Protection Device

Enter device data....

Code: 1

Name: EAR

Type: Foam Plugs

004427-642450

FIG. 6a

Audi5 File Company Employee

Current Company: **Employee:**

HINT:

Company	Employees	History	Test	Results	Reports
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Results

☐ Save Results

Rating:

STS:

Hearing Loss:

Hearing Protection Needed:

Medical Referral ?



NEXT

FIG. 6b

Audi5 File Company Employee

Current Company: APOGEE INC. **Employee:** STEPHENSON, STEPHEN

HINT: Review the Results and Press Save then Press Next Button for Reports

Company	Employees	History	Test	Results	Reports
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Results

Rating 1 - Normal

STS No STS

Hearing Loss No Significant Change

Hearing Protection Needed No - Current is adequate

Medical Referral No



NEXT

FIG. 7

Audi5

File Company Employee

Current Company: APOGEE INC. **Employee:** STEPHENSON, STEPHEN

HINT: Run a report. Then Click back on 'Next Employee' to continue.

Company	Employees	History	Test	Results	Reports
<div> <div> Reports </div> <div> <div>Print to:</div> <div>Report Dates:</div> </div> <div> <input checked="" type="radio"/> Screen <input type="radio"/> Printer From: 9/21/00 To: 9/21/00 </div> <div> <div>Employee:</div> <div>Current Employee Hearing Evaluation Report</div> <div>All - Employee Hearing Evaluations</div> </div> <div> <div>Company:</div> <div> <div>Audiometric Summary Report</div> <div>Audiometric Test Report</div> <div>Audiometric Classification Report (Baseline)</div> <div>Audiometric Classification Report (Annual)</div> <div>Employee Hearing Protection Report</div> </div> <div> <div>All Reports</div> </div> </div> <div> <div>Next Employee</div> <div>Exit</div> </div> </div>					

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